

MUNICIPAL LIABILITY CLAIM REPORT

(FOR USE IN REPORTING BOTH INITIAL CLAIMS AND CLOSED CLAIMS)

This report is to be filed with respect to **any complaint filed against any municipality**. Completion of Section I constitutes an INITIAL CLAIM REPORT. *The Initial Claim Report is to be submitted within 30 days after an answer is filed on behalf of a defendant.* Completion of Sections I and II constitute a CLOSED CLAIM REPORT. *The Closed Claim Report is to be submitted within 30 days after any judgement, settlement, or dismissal of the claim.*

SECTION I - BOTH INITIAL AND CLOSED CLAIMS**1. EACH OF THE 2 REPORTS (INITIAL AND CLOSED CLAIM) MUST BE COMPLETED BY EACH OF THE FOLLOWING ENTITIES:**

Select your relationship by placing an "X" in proper box.

- ☐ 01 MUNICIPAL LIABILITY INSURER ☐ 02 DEFENDANT'S ATTORNEY ☐ 03 PLAINTIFF'S ATTORNEY
☐ 04 OTHER PARTY WHO HAS ASSUMED LIABILITY TO PAY MUNICIPAL LIABILITY CLAIM (SELF INSURERS)

2. INSURED'S NAME

3. DEFENDANT'S NAME (If Different)

4. PLAINTIFF'S NAME

5. PLAINTIFF'S ATTORNEY NAME

MUNICIPALITY INFORMATION:**6. TYPE OF POLITICAL SUBDIVISION (SELECT ONE)**

- ☐ 01 CITY, TOWN, VILLAGE, OR UNIT THEREOF ☐ 02 COUNTY OR COUNTY UNIT ☐ 03 TOWNSHIP OR TWP. UNIT
☐ 04 AUTONOMOUS TAXING DISTRICT (SCHOOL, PARK, FIRE DEPT. ETC.)

7. TYPE OF INSURANCE

- ☐ 01 COMMERCIAL
☐ 02 SELF-INSURED
☐ 03 EXCESS
☐ 04 SELF AND EXCESS
☐ 05 NONE

*This is an identification number assigned
to insurance companies by the National
Association of Insurance Commissioners*

POLICY LIMITS

8. OCCURRENCE

\$ _____

9. AGGREGATE

\$ _____

10. INSURER'S N.A.I.C.

NUMBER (IF KNOWN) _____

INCIDENT/COMPLAINT

11. DATE OF INCIDENT

| MONTH | DAY | YEAR |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

12. DATE COMPLAINT FILED

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

13. COUNTY CODE NUMBER (select proper 2-digit code from list on reverse side.)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

15. TYPE OF INCIDENT (see reference on reverse side)

Select the one most appropriate answer by placing "X" in box.

- | | |
|--|---|
| <input type="checkbox"/> 01 AUTO ACCIDENT | <input type="checkbox"/> 06 MEDICAL TREATMENT |
| <input type="checkbox"/> 02 SLIP AND FALL | <input type="checkbox"/> 07 PROPERTY RELATED |
| <input type="checkbox"/> 03 FALSE ARREST | <input type="checkbox"/> 08 MALICIOUS CONDUCT |
| <input type="checkbox"/> 04 DEFECTIVE ROAD | <input type="checkbox"/> 09 DISCRIMINATION |
| <input type="checkbox"/> 05 RECREATIONAL | <input type="checkbox"/> 10 OTHER (EXPLAIN BELOW) |

14. TYPE OF COURT (select only one)

- ☐ 01 SMALL CLAIMS ☐ 04 FEDERAL DISTRICT
☐ 02 DISTRICT ☐ 05 OUT OF STATE
☐ 03 CIRCUIT (ALL TYPES)

16. COURT CASE I.D. NUMBER (Docket number assigned by the court) _____

Helpful hint: Make and file extra copies now to avoid having to re-enter SECTION I information.

SECTION II - CLOSED CLAIMS ONLY

17. DATE OF CLOSURE

| MONTH | DAY | YEAR |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

18. AMOUNT OF JUDGEMENT OR SETTLEMENT: \$ _____

19. WAS THIS A STRUCTURED SETTLEMENT?

☐ 01 YES ☐ 02 NO

20. ECONOMIC AMOUNT OF JUDGEMENT/SETTLEMENT: \$ _____

21. NON-ECONOMIC AMOUNT OF JUDGEMENT/SETTLEMENT: \$ _____

22. AMOUNT OF JUDGEMENT

OR SETTLEMENT PAID BY A THIRD PARTY (IF APPLICABLE) \$ _____

23. NAME OF PERSON OR PARTY THAT PAID CLAIM (IF NOT LISTED IN NUMBER 2 OR 3) _____

24. NAME OF PERSON RESPONSIBLE FOR THIS REPORT

25. PHONE NUMBER

26. DATE

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SUPPLEMENTAL INSTRUCTIONS FOR MUNICIPAL LIABILITY CLAIM REPORTS

INITIAL CLAIM REPORT

COMPLETE SECTION I

LEAVE SECTION II BLANK AT THIS TIME
COMPLETE NAME AND PHONE OF
PERSON RESPONSIBLE FOR REPORT
AND DATE

EACH INCIDENT (COMPLAINT) REQUIRES
SUBMISSION OF AN INITIAL CLAIM
REPORT AND A CLOSED CLAIM REPORT

CLOSED CLAIM REPORT

COMPLETE ALL
SECTIONS OF
CLAIM REPORT FORM

TYPE OF INCIDENT REFERENCE

USE THIS REFERENCE LIST TO HELP CHOOSE THE MOST APPROPRIATE RESPONSE TO ENTER ON LINE FIFTEEN.

- 01 Auto Accident (municipal vehicles, police chase, auto & pedestrian)
- 02 Slip and Fall (defective sidewalks, falls on stairs)
- 03 False Arrest (wrongful prosecution)
- 04 Defective Road (guard rails, negligent maintenance, design, lighting, signals)
- 05 Recreational (pools, playgrounds, parks, lakes)
- 06 Medical Treatment (denial of treatment, inmate related)
- 07 Property Related (inspection, zoning, tax, seizure, eviction)
- 08 Malicious Conduct (assault & battery, unnecessary force)
- 09 Discrimination (age, sex, race, handicap)
- 10 Other (please explain)

COUNTY CODE NUMBER

ENTER THE 2 DIGIT COUNTY CODE THAT APPEARS NEXT TO THE NAME OF THE COUNTY IN WHICH THE COURT CASE IS FILED.
ENTER NUMBER ON LINE THIRTEEN.

| | | |
|----------------|---------------|-----------------|
| 01 Acona | 29 Gratiot | 57 Missaukee |
| 02 Alger | 30 Hillsdale | 58 Monroe |
| 03 Allegan | 31 Houghton | 59 Montcalm |
| 04 Alpena | 32 Huron | 60 Montmorency |
| 05 Antrim | 33 Ingham | 61 Muskegon |
| 06 Arenac | 34 Ionia | 62 Newaygo |
| 07 Baraga | 35 Iosco | 63 Oakland |
| 08 Barry | 36 Iron | 64 Oceana |
| 09 Bay | 37 Isabella | 65 Ogemaw |
| 10 Benzie | 38 Jackson | 66 Ontonagon |
| 11 Berrien | 39 Kalamazoo | 67 Osceola |
| 12 Branch | 40 Kalkaska | 68 Oscoda |
| 13 Calhoun | 41 Kent | 69 Otsego |
| 14 Cass | 42 Keweenaw | 70 Ottawa |
| 15 Charlevoix | 43 Lake | 71 Presque Isle |
| 16 Cheboygan | 44 Lapeer | 72 Roscommon |
| 17 Chippewa | 45 Leelanau | 73 Saginaw |
| 18 Clare | 46 Lenawee | 74 St. Clair |
| 19 Clinton | 47 Livingston | 75 St. Joseph |
| 20 Crawford | 48 Luce | 76 Sanilac |
| 21 Delta | 49 Mackinac | 77 Schoolcraft |
| 22 Dickinson | 50 Macomb | 78 Shiawassee |
| 23 Eaton | 51 Manistee | 79 Tuscola |
| 24 Emmet | 52 Marquette | 80 Van Buren |
| 25 Genesee | 53 Mason | 81 Washtenaw |
| 26 Gladwin | 54 Mecosta | 82 Wayne |
| 27 Gogebic | 55 Menominee | 83 Wexford |
| Grand Traverse | 56 Midland | |